



IFW

In the United States Patent and Trademark Office

Serial Number: 10,774,080
Appn. Filed: 2-9-04
Applicant(s): MOTI SHAI
Appn. Title: LASER beam toy And more
Examiner: GAU: MOSSEK ROBERT / 3713

Mailed: 2005 DES, 22
At: CALABASAS CA,

Petition to Make Special

Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Applicant hereby respectfully petitions that the above application be made special under MPEP Sec. 708.02 for the following reason; attached is a declaration in support thereof:

- | | |
|---|---|
| I. <input type="checkbox"/> Manufacturer Available;* | VII. <input type="checkbox"/> Recombinant DNA Is Involved;* |
| II. <input type="checkbox"/> Infringement Exists;* | VIII. <input type="checkbox"/> Special Procedure: Search Was Made;* |
| III. <input checked="" type="checkbox"/> Applicant's Health Is Poor; | IX. <input type="checkbox"/> Superconductivity Is Advanced; |
| IV. <input checked="" type="checkbox"/> Applicant's Age Is 65 or Greater; | X. <input type="checkbox"/> Relates to HIV/AIDS or Cancer;* |
| V. <input type="checkbox"/> Environmental Quality Will Be Enhanced; | XI. <input type="checkbox"/> Counters Terrorism;* |

VI. ☐ Energy Savings Will Result;

XII. Search was made
was uncessuery Delay 180
☐ Also attached, since reason I, II, VII, VIII, X or XI has been checked, is the S 180 Petition

Fee pursuant to
Rules 102 and 171a.

Very respectfully,

Applicant(s):

Moti Shai A. Narbonne

Attachment(s): Fee if indicated and supporting Declaration

Applicant(s): MOTI SHAI & ALIZA NARBONNE

c/o MOTI SHAI
3524 VIA DEL PRADO
CALABASAS 91302
Telephone: (818) 591-0433

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Certificate of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner for Patents, Washington, DC 20231" on the date below.

Date: 2005 DES 22 Moti Shai A. Narbonne

Applicant



CALIFORNIA

DRIVER LICENSE

CLASS: C

EXPIRES 07-28-08

89821862



ALIZA MARBONNE
19125 HAYNES ST UNIT 6
RESEDA CA 91335

SEX: F HAIR: RED
HT: 5-01 WT: 132

EYES: BLUE
DOB: 07-28-24

RSTR: CORR LENS

07/18/2003 637 A6 FD/08

CALIFORNIA

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07/18/2003 637 A6 FD/08

MY PARTNER

DOB 07-28-24

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JOHN JOHNSON
1401 SOUTH BUCHANAN STREET
ARLINGTON, VA 22204-3411

TELEPHONE: (703) 931-4174
FAX LINE: (703) 820-1425
email: gjhjj@yahoo.com

December 31, 2003

Moti Shai
VALUE DEVELOPMENT
3524 Via Del Prado
Calabasas, CA 91302

Phone: (818) 591-0433

Cell: (818) 486-4938

Ref: Patentability Search For: LASER JUMPING ROPE *toys & sport training equipment*

(Our ref.:MS305)

Dear Moti:

SEARCH REPORT

FIELD OF SEARCH: Computer based search using PTO facilities
and the same data base used by the Examining Corps..

REFERENCES CITED:

A.	6 634 994	482/81	A
B.	5 520 595	482/17	A
C.	3 370 285	340/556	A
D.	3 294 400	273/449	A Limbo
E.	2 299 798	340/323R	A

COMMENTS/ASSESSMENT:

The cited references were the most pertinent found.

Sincerely,

John Johnson

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EX. 111
Board Certified
Psychiatry & Neurology



David N. Glaser, M.D.
Glaser Medical Corporation
Clinical and Forensic Psychiatry

Board Certified
Forensic Psychiatry

The Encino Atrium
16530 Ventura Boulevard, Suite 604
Encino, California 91436
(818) 382-9920 / Fax (818) 385-1995

November 28, 2005

Joseph Y. Avrahamy, Esq.
Lorant & Avrahamy
16530 Ventura Boulevard #211
Encino, California 91436

RE: Matter of MOTI SHAI

Dear Mr. Avrahamy:

At your request, I performed a comprehensive forensic psychiatric evaluation of your client, Moti Shai, in my Encino office on November 18, 2005. As a forensic psychiatrist I performed both a psychiatric examination as well as a limited neurologic examination.

In addition to approximately 2 hours of direct face to face contact where I interviewed Mr. Shai alone in my office, I also administered the Minnesota Multiphasic Personality Inventory - 2 (M.M.P.I.-2), which was computer scored and computer interpreted in my office.

WARNING: Psychiatric reports are highly confidential; the contents should not be revealed to anyone except those professionals who are directly involved in the processing of the matter. It is particularly important that the contents of a psychiatric report not be shown or given to the subject of the examination. Major distortions and misinterpretations of the report may occur and unnecessary emotional upset of the individual would result. This report should not be read to the individual, even in part, for the above reasons. Any person ignoring or violating this admonition must assume full responsibility for the individual's subsequent reactions.

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Selected Review of Documents

In an emergency department report from an admission on June 2, 2001, the paramedics reported that the patient was lying on the sidewalk complaining of head and neck pain. The patient was inside the vehicle when his car was hit by another vehicle. The patient got out of the vehicle and lay on the sidewalk. There was no loss of consciousness. Upon arrival to the emergency room, the patient complains of neck pain and back pain and forehead pain.

In the chiropractic records of Dr. Arad, it is noted that the patient recalls striking his head against the window.

In the same records presenting symptoms were exclusively neurologic in that Mr. Shai appeared in pain and complained of headaches.

In the medical records of Dr. Mizrahi, dated July 5, 2001, Mr. Shai complained of trauma to his head. There was possible loss of consciousness briefly. There had been persistent headaches. On some days, all day long he has these headaches and complains of dizziness. In the same records on one page (Bates Stamp 678), it is noted, "[Illegible word] contusion, head trauma with left temporal contusion. Post Traumatic headaches. Cervical sprain/strain. Lumbar spine sprain/strain. Anxiety state." Fioricet is prescribed for pain. In a July 17, 2001 clinical entry, it is documented that Mr. Shai is complaining of increased headaches.

In an August 1, 2001 entry, it is noted that Mr. Shai would wake up at night with headaches and that Fioricet was not helping his pain.

In the July 24, 2001 report of neurologist Isaac Regev, it is noted that on June 2, 2001 Mr. Shai was the driver of a car that was struck on the left front side by another vehicle. It was a strong impact and the patient, who was seat-belted, recalls his head hitting the window next to him and he believes that he may have lost his consciousness.

Mr. Shai's main concern is reported to be headaches which he denied having prior to the accident. They are described as almost constant pressure type of feeling inside his head.

Mr. Shai also reported not feeling right and complained of feeling tired as a result he has noticed that he does not function well at work. Mr. Shai currently takes analgesics which make him feel very dizzy.

In an August 28, 2001 letter from Isaac Regev to Dr. Mizrahi, it is noted that the patient stated his main concern are his headaches which he denied having in the past. They occur on a daily basis and at times he actually feels they are becoming worse when his head feels like exploding. He also feels slow mentally

In a September 13, 2001 letter from Dr. Regev to Dr. Mizrahi, it is noted that Moti Shai returned to the office on September 13, 2001 as another follow up visit. Mr. Shai recently had an MRI of the brain that was reported to be within normal limits.

The patient was still complaining of lack of concentration, memory problems and moderate intermittent headaches. He also still felt very tense. He related that he inadvertently came into his office the day before his scheduled appointment (this is objective evidence of impairment).

An MRI scan of the head dated September 6, 2001 was reviewed. The impression was of unremarkable uninanced brain MRI scan.

The records and report of neuropsychologist Stephen Gill, PhD were reviewed. The evaluation was November 26, 2001.

Under General Observations, Mr. Shai appeared slightly nervous. Mr. Shai stated that he suffered from daily dizzy spells accompanied by headaches. He stated that medications do not help him very much with his symptoms. He also complained of memory and concentration problems. He had not worked as of the time of the November 2001 evaluation (5 months after the accident).

Under Presenting Illness, Mr. Shai reported suffering from anxiety, depression, sleep disturbance, social withdrawal, sadness, loss of confidence and problems in memory and concentration. The patient admits to mild symptoms of anxiety and depression. The patient is feeling discouraged because his symptoms are not improving.

Under Medical History, it was noted that Mr. Shai hit his head against the window. His next memory was when he was lying on the ground at the scene of the injury (this is consistent with a brief loss of consciousness).

Mr. Shai continued, by his own report, to be suffering dizzy spells on a daily basis accompanied by headaches. He also reported occasional episodes of nausea. Mr. Shai was preoccupied by his physical problems and this appears to interfere with his ability to remember and concentrate on specific tasks.

Dr. Gill's diagnosis: Cognitive Disorder.

It is noteworthy that this is the identical diagnosis provided by Mr. Shai's current treating psychiatrist. Dr. Gill noted that the patient presented with signs of mild

depression and anxiety. There were attention deficits and problems with memory and concentration. Visual spatial deficits were observed.

Dr. Gill deemed that Mr. Shai was disabled as of the time of the evaluation.

The records and reports of neuropsychologist Annette Swain, PhD were reviewed in their entirety. Her report was dated January 9, 2003 from an examination of Mr. Shai on January 2nd and January 6th, 2003.

Under Identifying Information, Moti Shai is described as a 50 year old married Jewish male with an 18 month history of depression and irritable mood, cognitive dysfunction and inability to work. He was self referred for a comprehensive neuropsychological evaluation to assess his current cognitive and psychiatric status.

Under the History of Present Illness, it is noted that Moti Shai's medical history is significant from a motor vehicle accident on June 2, 2001 in which another vehicle hit his car on the right front side of the crest of the hill near his home. During the accident the left side of the patient's head reportedly hit his driver's side window. He reported that he may have experienced a loss of consciousness of "a few seconds to a few minutes". Reviewed records documented that his first memory subsequent to the accident was lying on the ground at the scene of the injury with the paramedics providing care to him.

Since his accident in June of 2001, Mr. Shai reportedly has experience recurrent dizziness and headaches. He complained that initially after the injury he experienced dizziness and vertigo on a daily basis with no accompanying loss of consciousness. The patient reportedly fell once as a result of his dizziness. Mr. Shai reported "deep" headaches described as emanating from deep within his brain and from the back of his head and spreading across his entire brain. The headaches were described to occur on a daily basis. After the motor vehicle accident, the patient further complained of low back and neck pain. He worked with a chiropractor 3 times per week for an unclear period of time with considerable improvement in this area.

Mr. Shai's history is significant for the development of acute psychiatric and characterological difficulties over the preceding 18 months since the motor vehicle accident in June of 2001. As of the time of the evaluation, Mr. Shai presented with considerably low mood, anhedonia, social withdrawal, loss of interest, frequent crying spells, guilt, anergia, feelings of helplessness, hopelessness and worthlessness, sleep disturbance and a loss of appetite. The patient complained of decreased attention and concentration as well as increased irritability and tension with his wife. Mr. Shai's wife also noted decreased patience, lowered frustration tolerance, an increased nervousness since the accident. Mr. Shai had been treated for his depressive difficulties with Paxil, 20 mg. a day with little benefit. Over the preceding

3 months Mr. Shai has been taking Wellbutrin, 100 mg. a day, the efficacy of which is currently unclear.

In addition to his current condition, Mr. Shai presented with acute anxiety and panic, primarily concerning his health and ability to return to work. He reportedly experiences panic attacks, approximately once per month, precipitated by thoughts of the future. He demonstrated twitching on the right side of his lip when he is nervous (this was observed by this examiner during the IME). The patient currently is afraid to drive and engages in very little driving. Since April 2002 the patient has been involved in regular individual psychotherapy with Yoram Jaffe.

Under Social History, it is noted that Mr. Shai has not been able to return to work since his motor vehicle accident in June of 2001. Prior to the accident he reportedly worked a 10 hour day. His work responsibilities included purchasing lots with his own money, closing escrow, creating subdivisions, gathering plans for engineers, architects and building safety experts, contacting subcontractors for bids and supervising the sites for the building of homes. His last job involved the development of 17 homes in the Lake View Terrace area. However, this job was uncompleted at the time of his motor vehicle accident. According to Mr. Shai's report, his brother has taken over responsibility for the development since the accident.

Under cognitive complaints, Mr. Shai complained of several cognitive problems since his motor vehicle accident in June of 2001, including decreased attention and concentration, as well as increased memory problems. His wife similarly reported the same difficulties for him.

It was noted that Dr. Gill noted that there were psychiatric and cognitive problems that were judged to be secondary to the injuries sustained in his car accident of June 2001 in his November 2001 evaluation.

In testing, Mr. Shai demonstrated especially poor attention and concentration skills and slowed cognitive processing speed.

Under Expressive Receptive Language and Communication Abilities, variable scores were documented on tests of Expressive Receptive Language Skills and Communication Abilities, the patient's poor performance appeared secondary to cultural language biases as well as to slowed cognitive processing speed.

Variable Scores were documented on tests of Learning and Memory.

Regarding Executive Functioning and Frontal Systems Ability, variable scores were documented on tests of cognitive functioning and frontal systems ability, Mr. Shai's performance on time tests in this area were reduced secondary to slow cognitive processing speed and poor concentration skills.

These individuals are likely to express significant personal distress and complain of feeling tense, worried, depressed and alienating. Their affect is likely to be blunted and inappropriate.

The interpersonal relationships of these individuals are often characterized by suspiciousness and emotional distancing.

Mr. Shai's M.M.P.I.-2 interpretive profile, a blind interpretation in that the computer program knows nothing of the fact pattern of this case, suggests organic brain disease.

Consultation with Donn Warshow, PhD

According to Dr. Warshow it is his clinical impression that Mr. Shai is suffering from Major Depressive Disorder and demonstrates "organicity" (this would be synonymous with some type of brain impairment). Dr. Warshow also mentioned that it was his impression that Mr. Shai's Post Traumatic Stress Disorder is presently not a relevant clinical issue though it had been approximately 30 years ago. Dr. Warshow recommends the need for further ongoing 1:1 psychotherapy for his significant problems.

Contact with Troy Goldberg, M. D.

Dr. Goldberg stated that it was his impression that Mr. Shai had "the classic symptoms of Major Depressive Disorder". He is particularly concerned about the level of Mr. Shai's depression. He has also diagnosed a Cognitive Disorder, NOS. In essence, this is brain impairment.

Mental Status Examination

Moti Shaw presented as a withdrawn Caucasian male looking his stated age. He was slovenly dressed and actively avoided eye contact. He was not verbally spontaneous but he did answer questions.

Mr. Shai was not guarded, defensive or evasive but nonetheless he was very difficult to interview. Frequently he would ramble on and would be circumstantial in his language production.

He spoke with an obvious accent although there was no issue whatsoever with his capacity to communicate in the English language.

Mr. Shai moved slowly. His thought processes were slow. He answered questions very slowly and would be frustrated with his inability to remember a specific date or a specific name or a specific place. There were numerous problems with immediate, recent and remote memory.

There was obvious psychomotor retardation in which Mr. Shai moved very slowly.

Mr. Shai was not verbally spontaneous but did appear to make genuine attempts to answer questions. Mr. Shai actively avoided eye contact, though he did make some eye contact.

The predominant mood was that of severe depression. Affect was appropriate to thought content. He was not irritable or labile despite his description of irritability with others (especially his wife). There was very poor human relatedness.

There was obvious impaired brain functioning. Though Mr. Shai was oriented to person, place and time and situation, nonetheless he had numerous word finding difficulties and had difficulty sequencing events.

At the present time, though seriously depressed, he denied any recent suicidal thoughts, ideas or impulses, although months ago he claimed he made "an attempt". He denied any homicidal ideas.

Mr. Shai was intensely preoccupied with his impaired capacity to function. He openly verbalized a wish to return to work in his previous profession, but openly acknowledged an inability to function on the most basic of levels in his activities of daily living.

Mr. Shai did not disguise his anger at the insurance company for denying his claim of disability.

Mr. Shai despite a relatively recent uplift of optimism with the change in his treatment team, nonetheless remains hopeless regarding the future. He does not perceive that he will ever be the developer that he was antedating the accident irrespective of the quality of the professional interventions.

Feel free to contact me if you have any questions or comments regarding my findings and opinions.

Sincerely,

David N. Glaser, M. D.

Board Certified Forensic Psychiatry

Board Certified Psychiatry and Neurology

Member of Los Angeles Psychiatric Criminal Panel

Qualified Medical Examiner

Board Member of American College of Forensic Psychiatry

Expert Reviewer for Medical Board of California

Faculty UCLA Forensic Psychiatry Program